

California Department of Corrections and Rehabilitation Exemption Request Form



Use this form to request an exemption from CALPIA for all products and/or services provided by CALPIA. This approved form or a formal exemption letter, constitutes CALPIA's written approval and must be maintained with the requesting department's purchasing documentation file as proof of exemption approval.



All highlighted information must be provided to complete your request.

Requesting Department Information			
Agency: California Department of Corrections and Rehabilitation	Institution/Departm	stitution/Department (if applicable):	
Approval required by either a Procurement and Contracting Officer (PCO) or Designee:		o not sign. Must be the same signature below)	
Institution/Department Contact Information			
Procurement Officer:	Street Address:		
Signature:			
Telephone: FAX: E-mail:	Mailing Address:		
Required Contract Information			
Contractor Name:			
Contractor Address:			
Purchase Order Total: Attach Copy of Purchase O Number here: (or attach quote sh			Requested Delivery Date:
Provide a brief description of the items requested in this Exemption Request Including all goods and/or services the contractor			
will provide: (Attach additional information if necessary).			
Justification for Exemption Request: (To expedite your request, please provide an explanation as to why CALPIA cannot provide the goods and/or services needed) Attach additional information if necessary (i.e., catalog photocopy). Medical exemptions require the CALPIA Medical Exemption Authorization form to be attached.			
Required Approvals			
Procurement and Contracting Officer (PCO) or designee:		California Prison Industry Authority Sales Manager or designee: Approved Denied	
Signature	Date	Signature	Date

Submit completed form to:

CDCR

Department, Procurement & Contracting Officer By Fax (916) 255-6187